

MCHJ-(XXXX)

Date \_\_\_\_\_

MEMORANDUM THRU (Department/Division Chief)  
FOR Health Services Auxiliary Welfare Committee

SUBJECT: Request for funds from Health Services Auxiliary

1. Requesting Department/Division/Service \_\_\_\_\_

2. Point of Contact and Duty Phone \_\_\_\_\_

3. Mailing Address \_\_\_\_\_

4. Total amount of funding requested (Include shipping and taxes) \_\_\_\_\_

5. Items (with prices) requested \_\_\_\_\_  
\_\_\_\_\_

6. Who will benefit from this purchase (include number of persons) \_\_\_\_\_  
\_\_\_\_\_

7. Source of purchase \_\_\_\_\_

8. Why was this request not made through the military system or appropriated funds? \_\_\_\_  
\_\_\_\_\_

9. List other organizations from which you have requested funds \_\_\_\_\_  
\_\_\_\_\_

10. Please attach catalog pages, brochures, etc that will assist with this request \_\_\_\_\_  
\_\_\_\_\_

11. If this request has been declined through official military channels, please attach a copy of the declination paperwork.

**12. MADIGAN DEPARTMENTS: THIS MEMO MUST BE ROUTED THROUGH AN 0-6 DEPARTMENT OR DIVISION CHIEF.**

13. Submit all completed applications to Health Services Auxiliary, P.O. Box 406, DuPont, WA 98327-0406, ATTN: Welfare Funds